

TCW

TRANSMITTAL FORM OCT 11 2005 PATENT & TRADEMARK OFFICE U.S. DEPARTMENT OF COMMERCE		Application Number	10/768,310
		Filing Date	January 30, 2004
		First Named Inventor	James Robert Dupuy et al.
		Art Unit	3652
		Examiner Name	Thomas J. Braham
Total Number of Pages in This Submission	9	Attorney Docket Number	018778-9224

ENCLOSURES (check all that apply)		PETITION FOR EXTENSION OF TIME	
<input checked="" type="checkbox"/> Supplemental Amendment/Reply <input checked="" type="checkbox"/> Before Final - 7 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.	

CLAIMS FEES

No additional claim fee is required.

	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Small Entity		Large Entity		
				Rate	Addit. Claim Fee	Rate	Addit. Claim Fee	
Total	25	-	25	=0	x 25=	\$	x 50=	\$0
Independent	3	-	3	=0	x 100=	\$	x 200=	\$0
<input type="checkbox"/> First Presentation of Multiple Claim				+ 180=	\$	+ 360=	\$0	

FEES

<input type="checkbox"/> Additional Claim Fee	\$0.00
<input type="checkbox"/> Extension fee for one-month	\$0.00
<input type="checkbox"/> Information Disclosure Statement	\$0.00
<input type="checkbox"/> Surcharge for Missing Parts – Declaration	\$0.00
<input type="checkbox"/> Terminal Disclaimer	\$0.00
	TOTAL FEES \$0.00

PAYMENT OF FEES

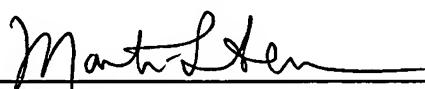
A check in the amount of \$ 0.00 is enclosed.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is enclosed for this purpose.

The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.

SIGNATURE OF ATTORNEY

Martin L. Stern, Reg. No. 28,911
 MICHAEL BEST & FRIEDRICH, LLP
 401 North Michigan Avenue
 Suite 1900
 Chicago, Illinois 60611
 Telephone: (312) 222-0800
 Facsimile: (312) 222-0818


 Signature

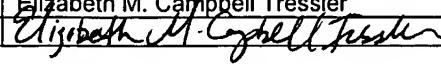
Date: October 7, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is:

being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.

deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name	Elizabeth M. Campbell Tressler	Date: October 7, 2005
Signature		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit 3652

In re

Patent Application of

James Robert Dupuy et al.

Application No. 10/768,310

Confirmation No.: 6329

Filed: January 30, 2004

Examiner: Thomas J. Braham

“DUAL FUNCTION INBOARD
BARRIER/BRIDGEPLATE ASSEMBLY FOR
WHEELCHAIR LIFTS”

Atty. Dkt. No.: 018778-9224

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED AUGUST 1, 2005

Mail Stop Amendments
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office Action dated August 1, 2005. Applicant believes that no further claim fees are due in association with new claims 36-40, which are resubmitted herewith, as the Office charged the additional claims fees to Deposit Account No. 50-1965 upon receipt of Applicant's Supplemental Amendment mailed on April 1, 2005, which was not entered.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.